



Overhaul Incoming Inspection
Rotary Contact Swivel

Customer _____

Date _____

W/O Number _____

Type _____

Serial Number _____

Additional Recommended Replacement Parts

Part Number to Replace

Customer Approval

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

Inspected By _____